

Abstract: P_12*Monitoring and Diagnostic Tools***Assessment contributing factors to accelerated fibrosis progression in HIV/HCV coinfecting patients in Ukraine***T. Koval¹, G. Dubynska¹, O. Danilenko², O. Sabinina²**¹Ukrainian Medical Stomatological Academy, infectious diseases, Poltava, Ukraine; ²Poltava regional HIV/AIDS center, infectious diseases, Poltava, Ukraine*

Introduction: Approximately 40- 75% of PLHIV in Ukraine are coinfecting with HCV, 20-30% have active form tuberculosis (TB), that impairs the course and treatment of HIV infection. Despite the free access of ART and TB treatment, the number of reported deaths due to TB and advanced liver diseases continue to rise in PLHIV.

Methods: In study were analyzed clinical data of 95 HIV/HCV coinfecting patients aged 25-47 years admitted to Poltava (central region of Ukraine) HIV/AIDS clinic in 2003-2014. We included 98 patients with known genotype HCV and stages of fibrosis in retrospective cohort study. Stage of fibrosis is determined with [transient elastography](#). We analyzed factors contributing to accelerate fibrosis progression including socio-demographic and clinical data, presence of active forms and MDR TB, relapses of TB, adherence to chemoprevention of TB. We used Cox proportional hazards regression model to outcome measure included time from the first positive HCV test to diagnosis advanced liver fibrosis (F2-F4).

Results: Accelerated fibrosis progression was associated with injection of intravenous drugs (HR= 1.4; 95% CI [0.6-2.1]), male sex (HR= 2.4; 95% CI [1.2-4.5]), lower level of CD4 (HR= 1.5; 95% CI [1.2-1.9]). At the time of their first visit to a health facility, 36% had active form TB with relapse in 22%. Presence of TB relapses was associated with accelerated fibrosis progression (HR= 1.1; 95% CI [0.8-1.3]).

Conclusions: This study suggests a greater risk of accelerated fibrosis progression in HIV/HCV coinfecting patients with presence of

relapses of TB. HIV/TB/HCV coinfections impair the treatment and prognosis for patients.

*No conflict of interest***Abstract: P_13***Monitoring and Diagnostic Tools***The risk of infection with hepatitis viruses B and C in hemodialysis unit***A. Rosu¹, O.M. Zlatian², L. Rosu², C. Vaduva³, L.I. Stefan⁴, A. Ilie⁴**¹County Clinical Emergency Hospital, Gastroenterology Clinic, Craiova, Romania; ²University of Medicine and Pharmacy, Microbiology department, Craiova, Romania; ³County Clinical Emergency Hospital, Hemodialysis unit, Craiova, Romania; ⁴County Clinical Emergency Hospital, Medical analysis laboratory, Craiova, Romania*

Introduction: The hemodialysis procedure is a risk factor for infections with hepatitis viruses B and C. Evaluating the prevalence of viral hepatitis B and C impact in patients with chronic kidney disease (CKD) on hemodialysis may help to prevent the transmission of these diseases and can improve the management of the hemodialyzed patient.

Material and methods: We studied 4642 people, aged 23-79 years, divided in two lots: group A - 4461 apparently healthy blood donors; group B - 181 CKD patients on hemodialysis. We detected the immunological markers of viral hepatitis B and C by ELISA tests and electrochemiluminescence performed on COBAS 600 – ROCHE DIAGNOSTICS. The hemodialysis patients were subjected also to routine biochemical, hematological and immunological tests, as stated in the management protocol of these patients.

Results: In blood donors hepatitis B prevalence was 3.07% and hepatitis C prevalence 0.65%. In CKD patients prevalence of viral hepatitis was 17.13%: 7.18% - hepatitis B (OR = 2.65), 8.84% - hepatitis C (OR = 15.88) and 0.55% had hepatitis B and C co-infection. Hepatitis prevalence in CKD patients was 36.36% in 23-45 years age group.